

Updated: 29 August 2001

Dear Provider,

This information is to assist you in understanding the dental benefits available to the active duty service member presenting to your office for care. We appreciate your care for our service members and will make every effort to provide you with claims processing efficiency.

There are several programs that allow active duty military service members to receive dental care from civilian providers and have this treatment paid for by the United States government. The service member and/or their parent unit should know what program is covering their treatment and the unique requirements of each program. This letter is to assist you in developing a working relationship with our office, the Military Medical Support Office (MMSO). Your understanding and compliance with the following guidelines will greatly facilitate this process:

****What is MMSO****

MMSO is not an insurance program in the strict sense. That is, the service member does not pay an insurance premium, have enrollment restrictions, co-payments, or an "entitlement" per se to civilian dental care. This program is established for the convenience of the service member and cost efficiency to the United States government, and is intended to augment rather than replace dental care provided directly by military dental clinics. For care that is appropriately authorized, our office promptly pays 100% of the usual and customary fee for that service in your area. However, we may elect to refer the service member at any time to a military dental clinic, either for an evaluation of their dental condition, their military dental readiness for worldwide deployment, or for extensive dental care. If such a referral is made, it should not be interpreted in any way as a reflection upon your standard of care, which is assumed.

****Who is eligible****

MMSO only processes claims for dental services appropriately authorized and completed while the service member is on active duty. We are not authorized to process claims for services rendered while the service member is not on active duty. (We cannot pay for a procedure initiated while the service member is on active duty but completed when the service member is not on active duty.) The service member's military ID and Social Security Number will serve as his or her enrollment number. Drilling (weekend) reservists are not eligible for routine care.

Family members are not eligible under this program, but are covered by United Concordia Family Member Dental Program, if enrolled. This is a separately administered, premium-based enrollment plan, and our office has no involvement in their care, authorization or claims processing.

****What is covered****

For the active duty service member described above, you may safely follow these guidelines with the assurance that you will be paid for services appropriately provided:

1. Emergency care does not require preauthorization. This includes any treatment necessary to relieve pain or immediate treatment needs, and can include single tooth extractions, temporary or permanent fillings, and root canal treatment. Crowns and bridges are not considered emergency care.
2. Routine care (limited to \$500 per treatment episode) does not require preauthorization. This includes diagnostic (exams and x-rays), preventive (prophylaxis), routine restorations (amalgam or composite fillings), and single tooth extractions.
3. Prosthodontics, periodontics, oral surgery (except for single tooth extractions), or any other specialty treatment are not considered emergency or routine care, and requires preauthorization. Specialty care initiated without a preauthorization may result in the service member being responsible for payment of the claim.

****What is not covered****

Cosmetic treatment, which includes bleaching, bonding, porcelain veneers, and porcelain inlays/onlays, are not covered services and will not be authorized. Exceptions may be made in certain cases, but specific justification must be made in the request for preauthorization.

Supplies for home use (toothbrushes, mouth rinses, etc.), even if recommended, are not authorized for payment. These supplies are the responsibility of the service member.

Civilian orthodontic care is generally not a covered service. Exceptions may be granted in unusual circumstances but a general guideline is that correction of previously existing malocclusions is not a covered benefit.

Elective procedures: elective replacement of missing teeth; replacement of serviceable crowns, bridges and other prosthesis; and implants are not authorized procedures.

Fluoride treatment for adult patients unless part of a specific caries control program. Separate charges for local anesthesia, infection control, bases, liners, indirect pulp cap, etc., are considered part of the parent procedure and will not be paid as a separate charge.

****Preauthorization Procedures****

Preauthorizations are not given telephonically. It is the responsibility of the service member to request preauthorization for specialty care through his or her military unit. Each request must be submitted with an itemized treatment plan, appropriate diagnostic-

quality x-rays (full mouth series x-rays are appreciated), the [command request memorandum](#) and a copy of a current dental examination from a military dental clinic (if available). (There is detailed information for the service member on the Website.) Replies will be sent to the service member's Command and the service member only. No information will be sent to the provider's office concerning preauthorizations. It is the responsibility of the service member to forward this information to you. Providers should not call our office for status or information concerning requests. Normally information will only be released to the service member and/or the military unit's Health Benefits Representative.

You can most effectively assist the service member in obtaining preauthorization by providing him or her with an itemized treatment plan and accurate, complete supporting documentation, which should include current appropriate diagnostic-quality radiographs (periapical x-rays for all prosthetic requests), description of diagnosis, explanatory narrative (where the reason for the treatment is not self-evident), and/or photographs. Our determination is based exclusively on the documentation provided, so clarity and completeness of the request is critical. Radiographs will be returned. If you elect to send study models, please be aware they will not be returned.

The service member will receive our reply and treatment that is authorized will have an authorization number. Normally, this process takes approximately 10 days. Additional time may be required if additional information must be submitted, if the treatment plan is extensive, or coordination with a military dental clinic is necessary.

****Submitting Claims for Payment****

Submit a standard [Dental Claim Form](#) identifying the tooth number, ADA procedure code number, and date of service. Each claim submitted for payment must include a signed [MMSO Dental Information Sheet](#), which the service member will provide you. (Available on the MMSO Website: <http://navymedicine.med.navy.mil/mmso/>) If you submit x-rays with claims for payment, please realize they will not be returned. Send claims to:

M M S O, P.O. Box 886999, Great Lakes, IL 60088-6999

Allow 30 days for processing of payments. Your office will be paid directly by U.S. Treasury check. Questions concerning the status of claims processing should be directed to Customer Service Support (888) 647-6676.

Thank you for your cooperation and care of our military service members. We hope to enjoy a mutually beneficial relationship with your office.